



CITY OF HOUSTON

Public Works and Engineering
Department

Utility Customer Service
4200 Leeland
Houston, Texas 77023
Phone: (713) 371-1400
Fax: (713) 371-1069
www.houstontx.gov

Application for W.A.T.E.R. Fund Assistance

Instructions: Please complete all sections. Indicate N/A if not applicable. Return to "Attn: Water Fund" at the address above. Failure to return your application promptly may result in an additional payment being necessary to qualify. Please print all responses below.

Applicant Name: _____ Telephone Day: _____

Service Address: _____ Telephone Evening: _____

Social Security #: _____ Birth Date: _____ Sex: _____ Race: _____

Texas Drivers License or ID: _____ A copy of the current water/sewer bill must be attached

Water/Wastewater Account #: _____ Current amount of bill: \$ _____

☐ **Low Income Disabled**
(Proof of disability must accompany
this application.)

☐ **Senior Citizen (60+)**
(Photo ID must accompany this application.)

☐ **Other Low Income**

Service must be in the name of the applicant. A copy of the birth certificate or Social Security card for **each** household member must be attached. Proof of total household income must accompany all applications.

Number of people living in the household (including yourself): _____

Are any household members employed by the City of Houston? YES ☐ NO ☐

NAMES	BIRTHDATE	SOCIAL SECURITY #
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DIVORCE VERIFICATION

I, _____, acknowledge that I have been divorced for _____ mos/yrs. I receive \$ _____ from _____, at Tel.# _____.

UNEMPLOYMENT SUPPORT VERIFICATION

I, _____, acknowledge that I have been unemployed since _____, and that I am receiving \$_____ per month from _____ to help me meet living expenses. My last employer was _____, at Tel.#_____. I am unemployed because _____.

INCOME VERIFICATION Employed ☐ Self-Employed ☐ Not Employed ☐ Retired ☐

Company Name/Employer _____ Address _____

I, _____, acknowledge that I have been employed since _____ as a _____. My income is \$_____ per month, and I will verify this with an accountant's statement, 1040, or check stub.

Income Sources (money / wages / salary / other income)		Verification	
		<i>Include copies</i>	
Gross Monthly Income	\$_____	Check Stubs	<input type="checkbox"/>
Dividends & Interest	\$_____	SS Award Letter	<input type="checkbox"/>
Welfare Payments	\$_____	Notarized Letter	<input type="checkbox"/>
Pensions & Annuities	\$_____	AFDC 3087	<input type="checkbox"/>
Unemployment Compensation	\$_____	1040 Forms	<input type="checkbox"/>
Other (_____)	\$_____	W-2 Forms	<input type="checkbox"/>
Workman's Compensation	\$_____	Other (specify)	<input type="checkbox"/>
Total Monthly Income	\$_____		
Less all medical bills not reimbursed by Insurance or Medicaid (elderly and disabled only)	\$_____ -		
Total:	\$_____		
Comments: _____			

I am familiar with all of the facts stated in this document and they are true and correct. Making false statements on this government record is subject to criminal prosecution under Chapter 37 of the Texas Penal Code. I certify that this application contains no false statements.

Signature - Applicant or Authorized Representative

Date

Witness

Intake Location Code

DO NOT MAKE ENTRIES BELOW THIS LINE. FOR CITY OF HOUSTON USE ONLY.

Eligibility Determined: _____ / _____ / _____ **Approved by:** _____

Initial Award: \$_____. **Category:** Disabled ☐ Sr Citizen ☐ Other ☐